

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027990

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 251Primary Registration District No. 3048Registrar's No. 179

FILED JUL 23 1962

## 1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MaryvilleLength of stay in 1b  
12 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Francis HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Iowa

b. COUNTY

Taylor

c. CITY  
OR TOWN BedfordInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
902 Court StreetReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Mary

Middle

Edith

Last

Stewart

4. DATE  
OF DEATH

Month

July

Day

13

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

Caucasian

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1-6-1891

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months 6 Days 7

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child Care Nursing

10b. KIND OF BUSINESS OR INDUSTRY

Nursing Home

11. BIRTHPLACE (City and state or country)

Taylor County, Iowa

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Jacob Elmer Stewart

13b. MOTHER'S MAIDEN NAME

Karene B. Widner

14. NAME OF HUSBAND OR WIFE

Jake Stewart (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Kenneth Stewart

Address

Bedford, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Embolism

INTERVAL BETWEEN ONSET AND DEATH

11 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive CCR disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-2-62 to 7-13-62 and last saw her alive on 7-13-62Death occurred at 8:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Decane or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

7-13-1962

23c. NAME OF CEMETERY OR CREMATORY

Bedford Cemetery

23d. LOCATION (City, town, or county)

Bedford

(State)

Iowa

24. FUNERAL DIRECTOR

ADDRESS

Byrd B. Nowinger Bedford, Iowa

25. DATE RECD. BY LOCAL REG.

7-16 62

26. REGISTRAR'S SIGNATURE

Bess Holtz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by Boyd G. Nowinger, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Boyd G. Nowinger

Licensed Embalmer No. 5136

P. O. Address Bedford, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.